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County: Dane
KARMENTA CENTER
4502 MI LWAUKEE STREET
MADI SON 5371 MADISON 53714 Phone: (608) 249-2137
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 105
Total Licensed Bed Capacity (12/31/00): 105
Number of Residents on 12/31/00: 103 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 98

| Services Provided to Non-Residents                |          | Age, Sex, and Primary Diagn | osis of | Residents (12/31 | 1/00)        | Length of Stay (12/31/00)    | %              |
|---|----------|-----------------------------|---------|------------------|--------------|------------------------------|----------------|
| Home Health Care<br>Supp. Home Care-Personal Care | No<br>No | Primary Diagnosis           | %<br>   | Age Groups       | <sub>%</sub> | Less Than 1 Year 1 - 4 Years | 48. 5<br>37. 9 |
| Supp. Home Care-Household Services                | No       | Developmental Disabilities  | 1.0     | Under 65         | 5.8          | More Than 4 Years            | 13. 6          |
| Day Servi ces                                     | No       | Mental Illness (Org./Psy)   | 16. 5   | 65 - 74          | 10. 7        |                              |                |
| Respite Care                                      | Yes      | Mental Illness (Other)      | 4. 9    | 75 - 84          | 30. 1        |                              | 100. 0         |
| Adult Day Care                                    | No       | Alcohol & Other Drug Abuse  | 0.0     | 85 - 94          | 50. 5        | ***************              | *****          |
| Adult Day Health Care                             | No       | Para-, Quadra-, Hemiplegic  | 0.0     | 95 & 0ver        | 2. 9         | Full-Time Equivaler          | nt             |
| Congregate Meals                                  | No       | Cancer                      | 1.0     |                  |              | Nursing Staff per 100 Re     | esi dents      |
| Home Delivered Meals                              | No       | Fractures                   | 12. 6   |                  | 100. 0       | (12/31/00)                   |                |
| Other Meals                                       | No       | Cardi ovascul ar            | 12. 6   | 65 & 0ver        | 94. 2        |                              |                |
| Transportation                                    | No       | Cerebrovascul ar            | 11. 7   |                  |              | RNs                          | 6. 7           |
| Referral Service                                  | No       | Di abetes                   | 5.8     | Sex              | %            | LPNs                         | 5. 6           |
| Other Services                                    | No       | Respi ratory                | 8. 7    |                  |              | Nursing Assistants           |                |
| Provi de Day Programming for                      |          | Other Medical Conditions    | 25. 2   | Male             | 32. 0        | Aides & Orderlies            | 34. 2          |
| Mentally Ill                                      | No       |                             |         | Female           | 68. 0        |                              |                |
| Provide Day Programming for                       |          |                             | 100. 0  |                  |              |                              |                |
| Developmentally Disabled                          | Yes      |                             |         |                  | 100. 0       |                              |                |

## Method of Reimbursement

|                     | Medicare<br>(Title 18) |       |          | Medicaid<br>(Title 19) |        |                | 0ther |      |                | Private Pay |       |          | Manage | ed Care |                | Percent |            |
|---------------------|------------------------|-------|----------|------------------------|--------|----------------|-------|------|----------------|-------------|-------|----------|--------|---------|----------------|---------|------------|
|                     |                        |       | Per Die  | m                      |        | Per Die        | m     |      | Per Die        | m           |       | Per Dien | 1      |         | Per Diem       | Total   | Of All     |
| Level of Care       | No.                    | %     | Rate     | No                     | . %    | Rate           | No.   | %    | Rate           | No          | . %   | Rate     | No.    | %       | Rate           | No.     | Resi dents |
| Int. Skilled Care   | 0                      | 0. 0  | \$0.00   | 1                      | 2. 0   | \$113. 15      | 0     | 0. 0 | \$0.00         | 0           | 0. 0  | \$0.00   | 0      | 0. 0    | \$0.00         | 1       | 1. 0%      |
| Skilled Care        | 26                     | 100.0 | \$300.47 | 46                     | 90. 2  | \$97. 34       | 0     | 0.0  | \$0.00         | 25          | 100.0 | \$140.00 | 1      | 100.0   | \$300.00       | 98      | 95. 1%     |
| Intermedi ate       |                        |       |          | 3                      | 5.9    | \$81. 53       | 0     | 0.0  | \$0.00         | 0           | 0.0   | \$0.00   | 0      | 0.0     | \$0.00         | 3       | 2. 9%      |
| Limited Care        |                        |       |          | 0                      | 0.0    | \$0.00         | 0     | 0.0  | \$0.00         | 0           | 0.0   | \$0.00   | 0      | 0.0     | \$0.00         | 0       | 0.0%       |
| Personal Care       |                        |       |          | 0                      | 0.0    | \$0.00         | 0     | 0.0  | \$0.00         | 0           | 0.0   | \$0.00   | 0      | 0.0     | \$0.00         | 0       | 0.0%       |
| Residential Care    |                        |       |          | 0                      | 0.0    | <b>\$0. 00</b> | 0     | 0.0  | <b>\$0. 00</b> | 0           | 0.0   | \$0.00   | 0      | 0.0     | <b>\$0. 00</b> | 0       | 0.0%       |
| Dev. Di sabl ed     |                        |       |          | 1                      | 2.0    | \$126.33       | 0     | 0.0  | \$0.00         | 0           | 0.0   | \$0.00   | 0      | 0.0     | \$0.00         | 1       | 1.0%       |
| Traumatic Brain Inj | . 0                    | 0.0   | \$0.00   | 0                      | 0.0    | \$0.00         | 0     | 0.0  | \$0.00         | 0           | 0.0   | \$0.00   | 0      | 0.0     | \$0.00         | 0       | 0.0%       |
| Ventilator-Depender | it 0                   | 0.0   | \$0. 00  | 0                      | 0.0    | <b>\$0. 00</b> | 0     | 0.0  | <b>\$0. 00</b> | 0           | 0.0   | \$0.00   | 0      | 0.0     | \$0.00         | 0       | 0.0%       |
| Total               | 26                     | 100.0 |          | 51                     | 100. 0 |                | 0     | 0.0  |                | 25          | 100.0 |          | 1      | 100.0   |                | 103     | 100. 0%    |

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 5.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 1.0 Baťhi ng 9. 7 **50.** 5 39. 8 103 24. 3 Other Nursing Homes 1.3 Dressi ng 42.7 33. 0 103 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 32.0 26. 2 89.4 41.7 103 26. 2 0.7 Toilet Use 31. 1 42.7 103 0.0 Eating 40.8 17. 5 103 41.7 \*\*\*\*\*\* Other Locations 1.7 Total Number of Admissions 303 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 5.8 4. 9 Private Home/No Home Health 27.6 Occ/Freq. Incontinent of Bladder 49. 5 1.0 Private Home/With Home Health 20. 2 Occ/Freq. Incontinent of Bowel 29. 1 0.0 Other Nursing Homes 2. 7 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets Mobility 22.6 3. 9 Physically Restrained 0.7 7.8 35.9 0.3 Other Locations 8. 4 Skin Care Other Resident Characteristics 1. 9 Deaths 17. 5 With Pressure Sores Have Advance Directives 66.0 Total Number of Discharges With Rashes 0.0 Medi cati ons 297 (Including Deaths) Receiving Psychoactive Drugs **58**. 3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

|  |                | Ownershi p:                            |           | Bed Size:     |       | Li censure:  |       |            |       |
|--|----------------|--|-----------|---------------|-------|--------------|-------|------------|-------|
|  | This Proprieta |  | ori etary | 100- 199      |       | Skilled      |       | Al l       |       |
|  | Facility       | y Peer <sup>°</sup> Group <sup>°</sup> |           | Peer          | Group | Peer Group   |       | Facilities |       |
|  | %              | %                                      | Ratio     | %             | Ratio | %            | Ratio | %          | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 93. 3          | 82. 5                                  | 1. 13     | 83. 6         | 1. 12 | 84. 1        | 1. 11 | 84. 5      | 1. 10 |
| Current Residents from In-County                     | 96. 1          | 83. 3                                  | 1. 15     | 86. 1         | 1. 12 | 83. 5        | 1. 15 | 77. 5      | 1. 24 |
| Admissions from In-County, Still Residing            | 15. 8          | 19. 9                                  | 0. 80     | 22. 5         | 0. 70 | 22. 9        | 0. 69 | 21. 5      | 0.74  |
| Admi ssi ons/Average Daily Census                    | 309. 2         | 170. 1                                 | 1. 82     | 144. 6        | 2. 14 | 134. 3       | 2. 30 | 124. 3     | 2.49  |
| Discharges/Average Daily Census                      | 303. 1         | 170. 7                                 | 1. 78     | 146. 1        | 2.07  | 135. 6       | 2. 23 | 126. 1     | 2.40  |
| Discharges To Private Residence/Average Daily Census | 144. 9         | 70. 8                                  | 2.05      | <b>56</b> . 1 | 2. 58 | <b>53. 6</b> | 2. 70 | 49. 9      | 2.91  |
| Residents Receiving Skilled Care                     | 96. 1          | 91. 2                                  | 1. 05     | 91. 5         | 1.05  | 90. 1        | 1. 07 | 83. 3      | 1. 15 |
| Residents Aged 65 and Older                          | 94. 2          | 93. 7                                  | 1.00      | 92. 9         | 1.01  | 92. 7        | 1. 02 | 87. 7      | 1.07  |
| Title 19 (Medicaid) Funded Residents                 | 49. 5          | 62. 6                                  | 0. 79     | 63. 9         | 0. 77 | 63. 5        | 0. 78 | 69. 0      | 0. 72 |
| Private Pay Funded Residents                         | 24. 3          | 24. 4                                  | 0. 99     | 24. 5         | 0. 99 | 27. 0        | 0. 90 | 22. 6      | 1.07  |
| Developmentally Disabled Residents                   | 1. 0           | 0.8                                    | 1. 26     | 0.8           | 1. 18 | 1. 3         | 0. 77 | 7. 6       | 0. 13 |
| Mentally Ill Residents                               | 21. 4          | 30. 6                                  | 0. 70     | 36. 0         | 0. 59 | 37. 3        | 0. 57 | 33. 3      | 0.64  |
| General Medical Service Residents                    | 25. 2          | 19. 9                                  | 1. 27     | 21. 1         | 1. 20 | 19. 2        | 1. 31 | 18. 4      | 1. 37 |
| Impaired ADL (Mean)                                  | 50. 7          | 48. 6                                  | 1.04      | 50. 5         | 1.00  | 49. 7        | 1.02  | 49. 4      | 1.03  |
| Psychological Problems                               | <b>58</b> . 3  | 47. 2                                  | 1. 24     | 49. 4         | 1. 18 | 50. 7        | 1. 15 | 50. 1      | 1. 16 |
| Nursing Care Required (Mean)                         | 5. 9           | 6. 2                                   | 0. 97     | 6. 2          | 0. 96 | 6. 4         | 0. 92 | 7. 2       | 0.83  |